	P (C/30/00 (00-03)
	Approved for use through 7/31/2006, QMB 0651-0032
•	U.S. Palari and Tradement Officer 118 DEPARTMENT OF CONNEDCE
Reduction Act of 1995, no persons are movined to a	respond to a collection of information unless it displays a valid OMB control number
The second secon	ashara a a company of himbility to think it there as said Office county or what

Linder the Panerwork

DATENT ADDITIONAL TO THE PROPERTY OF THE PROPE												
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application of Doctor Number 58				
	CLAIMS AS FILED - PART I									OTHER THAN		
L	(Column 1) (Column 2)				,	SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY			
	FOR NUMBER FILED		NUMBER EXTRA			RATE	FEE	•	RATE	FEE		
BASIC FEE (37 OFR 1.18(a))					-	s	OR		s			
TOTAL CLAIMS (37 CFR 1.16(c)) mi		minus 2	0 =		1	x s=		OR	x s			
(37 CFR 1.16(b)) minus 3 =				1	xs -	<u> </u>	OR	x \$=				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1	+5 =		OR			
* If the difference in column 1 is less than zero, enter "O" in column 2.						J		 			<u> </u>	
١.	1 /	LAIMS AS AM	ENDED	- PART II								
	1405	(Column 1)		(Column 2)	(Column 3)	_	SMALL	ENTITY	OR		R THAN ENTITY	
`.{	7	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	1	RATE	ADOI-		RATE	ADDi-	
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TIONAL FEE	
AMENDMENT	Total (37 CFR 1,18(c))	21	Minus	" 2/	-		x \$=		OR	x \$=		
Ę	(37 CFR 1, 16(b))	62	Minus	<u>"3</u>	•		x \$=		OR	x s=		
₹	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CI	R 1.16(d))		+s =		OR	+s =		
47						TOTAL ADD'L FEE	-	OR.	TOTAL			
1	16-07	(Column 1)		(Column 2)	(Cab 2)		AUDITEE		J.C.	ADD'L FEE		
	i -	CLAIMS		HIGHEST	(Column 3)	1			1			
8	1 .	REMAINING		NUMBER	PRESENT EXTRA	L	RATE	ADDI-		RATE	ADDI-	
ENT		AFTER AMENDMENT	l	PREVIOUSLY PAID FOR	60.100	V		TIONAL FEE			TIONAL FEE/	
IΣ	Total (27 CFR 1.18(c))	. 9	Minus	20	• /		x \$ =	7	OR	x s =	7	
AMEND	Independent (37 CFR 1,15(b))	. /	Minus	"3	• /		xs =		OR	x s =		
Į₹	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.18(d))		+5 =	/	OR	+s •	/	
						l.	TOTAL	/		TOTAL		
							ADD'L FEE	/	OR	ADD'L FEE		
┝		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)					· · · · · · · · · · · · · · · · · · ·		
O.		REMAINING		NUMBER	PRESENT		RATE	ADDI-		RATE	ADDI-	
E		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TIONAL	
ME	Total (27 CFR 1.16(c))	•	. Minus	**				FEE			FEE	
2	Independent (37 CFR 1.18(b))	 	Minus	***			X \$e		OR	× \$=		
AMENDMENT			L		<u> </u>		x \$=		OR	x \$=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$		OR	+ \$=		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
**	If the "Highest N	tumber Previously	Paid For	IN THIS SPACE	s less than 3. e	nter	·3°.					

"If the Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing lihis burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.